

**OFFICE OF THE IDAHO ATTORNEY GENERAL
CONSUMER PROTECTION UNIT
TELEPHONE SOLICITOR REGISTRATION FORM**

1. This Registration Form is submitted on: / /
(month, date, year)
2. This filing is made on behalf of _____
(Use name telephone solicitor will use when contacting the public.)
- (a) Client Names: If you are providing telemarketing services to any third party, please list the names of all business' on whose behalf you will be calling.
- _____
3. We also do business under the following names:
- _____
- If different, our legal name is: _____
4. Please provide a brief description of the goods or services that you are selling **or** goods or services that you are selling on behalf of a third party.
- _____
- _____
5. ☐ Attached is a certified check or money order for our \$50 registration or \$25 registration renewal fee, made payable to the Idaho Attorney General's Office.
6. Our business is a:
- (a) ☐ **Corporation**; we are incorporated in _____
(state of incorporation)
- ☐ Attached and marked **Exhibit 1** is a copy of our Articles of Incorporation and any fictitious business name filings, as applicable.
- (b) ☐ **Partnership**; we are a partnership under the laws of _____
(state where partnership was founded)
- ☐ Attached and marked **Exhibit 1** is a copy of our Partnership Agreement.
- (c) ☐ **Limited Liability Company**
- ☐ Attached and marked **Exhibit 1** is a copy of our Articles of Organization.
- (d) ☐ **Sole Proprietorship**
- ☐ Attached and marked **Exhibit 1** is a copy of our fictitious business name filing.

7. (a) ☐ As defined in General Instructions Number B2, the following company is our parent:
- _____
- (b) ☐ As defined in General Instructions Number B2, we are affiliated with the following companies:
- _____
- (c) ☐ As defined in General Instruction Number B2, no company is our parent company, nor are we affiliated with any other company.
8. We checked 7(a), and our parent company's registered agent's name and address is:
- _____
- _____
9. We checked 7(b), and our affiliated company's registered agent's name and address is:
- _____
- _____
10. (a) The complete street address of the principal location from which sales will be solicited is:
- _____
- _____
- (b) We will also be soliciting sales from the following other address(es):
- _____
- _____
- _____
- _____
- (c) Our mailing address, if different from 10(a), is:
- _____
- _____
- (d) The telephone number at which we can be reached is: _____ - _____ - _____

11. (a) The telephone numbers we will be using to solicit business from the address set forth in 10(a) are:

_____-_____-_____	_____-_____-_____
_____-_____-_____	_____-_____-_____
_____-_____-_____	_____-_____-_____
_____-_____-_____	_____-_____-_____

(b) Designating where they are located, the telephone number(s) we will be using to solicit from each of the locations set forth in 10(b) are:

_____-_____-_____	_____-_____-_____
_____-_____-_____	_____-_____-_____
_____-_____-_____	_____-_____-_____
_____-_____-_____	_____-_____-_____

12. Depending on whether our business is a corporation, partnership, limited liability company, or sole proprietorship, the following is listed for **each** officer, director, trustee, general partner, limited partner, member, manager, sole proprietor and owner (attach additional pages as needed):

◆ Name: _____ Date of Birth: ____/____/____
Driver's License No.: _____ State: _____ Date of Issue: ____/____/____
Office Held: _____ Ownership Interest: ☐ Yes ☐ No
Complete address of his/her principal residence:

◆ Name: _____ Date of Birth: ____/____/____
Driver's License No.: _____ State: _____ Date of Issue: ____/____/____
Office Held: _____ Ownership Interest: ☐ Yes ☐ No
Complete address of his/her principal residence:

◆ Name: _____ Date of Birth: ____/____/____
Driver's License No.: _____ State: _____ Date of Issue: ____/____/____
Office Held: _____ Ownership Interest: ☐ Yes ☐ No
Complete address of his/her principal residence:

◆ Name: _____ Date of Birth: ____/____/____
Driver's License No.: _____ State: _____ Date of Issue: ____/____/____
Office Held: _____ Ownership Interest: ☐ Yes ☐ No
Complete address of his/her principal residence:

13. The following is listed for **each** individual, not listed in answer to question (12), who has management responsibilities in connection with our business (attach additional pages as needed):

◆ Name: _____ Date of Birth: ____/____/____
Driver's License No.: _____ State: _____ Date of Issue: ____/____/____
Principal Residence Address: _____

Management Duties Include: _____

◆ Name: _____ Date of Birth: ____/____/____
Driver's License No.: _____ State: _____ Date of Issue: ____/____/____
Principal Residence Address: _____

Management Duties Include: _____

◆ Name: _____ Date of Birth: ____/____/____
Driver's License No.: _____ State: _____ Date of Issue: ____/____/____
Principal Residence Address: _____

Management Duties Include: _____

◆ Name: _____ Date of Birth: ____/____/____
Driver's License No.: _____ State: _____ Date of Issue: ____/____/____
Principal Residence Address: _____

Management Duties Include: _____

14. Following is information regarding any person listed in the answer to Question 12 or 13 who:

- (a) Has been convicted of a felony or misdemeanor, or pled nolo contendere, to a charge alleging fraud, theft, embezzlement, fraudulent conversion, or misappropriation of property; or
- (b) Has entered into an assurance of voluntary compliance or discontinuance or has had entered against him or her a final judgment or order in a civil or administrative action, including a stipulated judgment or order, if the complaint, petition, or stipulated judgment in the civil or administrative action alleged acts constituting a violation of a telemarketing law, fraud, theft, embezzlement, property, the use of untrue or misleading representations in an attempt to sell or dispose of real or personal property, or the use of unfair, unlawful, or deceptive business practices; or
- (c) Is subject to any currently effective injunction or restrictive court order relating to business activity as the result of an action brought by a federal, state, or local public agency or unit thereof, including, but not limited to, an action affecting any vocational license.

If no individual listed in answer to Question 12 or 13 needs to be listed because none has been convicted or pled nolo contendere to any charge set forth in Question 14 nor is subject to any current injunctive or restrictive order, then mark an "X" here ☐ and skip to Question 15.

Provide all requested information for **each** person. Attach additional pages as needed.

◆ Individual's Name: _____

Court or Administrative Agency Rendering Decision, Judgment, or Order:

Docket Number: _____

Date of Conviction, Judgment, or Order: ____/____/____

Name of Governmental Agency Which Brought the Action:

◆ Individual's Name: _____

Court or Administrative Agency Rendering Decision, Judgment, or Order:

Docket Number: _____

Date of Conviction, Judgment, or Order: ____/____/____

Name of Governmental Agency Which Brought the Action:

◆ Individual's Name: _____
Court or Administrative Agency Rendering Decision, Judgment, or Order:

Docket Number: _____
Date of Conviction, Judgment, or Order: ____/____/____
Name of Governmental Agency Which Brought the Action:

◆ Individual's Name: _____
Court or Administrative Agency Rendering Decision, Judgment, or Order:

Docket Number: _____
Date of Conviction, Judgment, or Order: ____/____/____
Name of Governmental Agency Which Brought the Action:

15. Following is the same information required by Question 14 except applied to the telephone solicitor. The telephone solicitor is the corporation, partnership, firm, association, joint venture or any other type of business entity which is submitting this application for registration.

If the telephone solicitor does not need to be listed because it has not been convicted or pled nolo contendere to any charge set forth in Question 14 or is not subject to any current injunctive or restrictive order, then mark an "X" here ☐ and skip to Question 16.

◆ Name: _____

Court or Administrative Agency Rendering Decision, Judgment or Order:

Docket Number: _____

Date of Conviction, Judgment, or Order: ____/____/____

Name of Governmental Agency Which Brought the Action:

◆ Name: _____

Court or Administrative Agency Rendering Decision, Judgment or Order:

Docket Number: _____

Date of Conviction, Judgment, or Order: ____/____/____

Name of Governmental Agency Which Brought the Action:

16. Following is information on any person listed in the answer to Question 12 or 13 who has:

If no individual listed in answer to Question 12 or 13 needs to be listed because none fall within the situations described in Question 16, then mark an "X" here ☐ and skip to Question 17.

(a) at any time during the previous seven tax years:

- filed bankruptcy; been adjudged bankrupt; been reorganized due to insolvency, or

(b) who has been a principal, director, officer, trustee, general or limited partner, or had management responsibilities for any other corporation, partnership, joint venture, or business entity that has:

- filed bankruptcy; been adjudged bankrupt; been reorganized due to insolvency

during or within one year after the period that the person held that position.
(Attach additional pages as needed).

◆ Individual's Name: _____

Address: _____

Date of Event: ____/____/____ Docket Number: _____

Court of Jurisdiction: _____

◆ Individual's Name: _____

Address: _____

Date of Event: ____/____/____ Docket Number: _____

Court of Jurisdiction: _____

◆ Individual's Name: _____

Address: _____

Date of Event: ____/____/____ Docket Number: _____

Court of Jurisdiction: _____

17. Following is the same information required by Question 16 except applied to the telephone solicitor. The telephone solicitor is the corporation, partnership, firm, association, joint venture or any other type of business entity which is submitting this application for registration.

If the telephone solicitor does not need to be listed because it does not fall within the situations described in Question 16, then mark an "X" here ☐ and skip to Question 18.

◆ Business Name: _____

Address: _____

Date of Event: ____/____/____ Docket Number: _____

Court of Jurisdiction: _____

◆ Business Name: _____

Address: _____

Date of Event: ____/____/____ Docket Number: _____

Court of Jurisdiction: _____

18. (a) ☐ Attached and marked **Exhibit 2** is a copy of all sales scripts we give to those soliciting for us. **PLEASE READ IDAHO CODE § 48-1004(1)(d) and (2) (part of the Telephone Solicitation Act, a copy of which was mailed to you with this registration form). REGISTRATIONS THAT DO NOT CONFORM TO THE NOTICE OF CANCELLATION REQUIREMENTS WILL BE REJECTED.**

- (b) ☐ We do not give those soliciting for us a sales script.

19. (a) ☐ Attached and marked **Exhibit 3** is a copy of all sales information or literature we provide to our sales people or of which we inform our salespeople (including, but not limited to, scripts, outlines, instructions and information regarding how to conduct telemarketing sales, sample introductions, sample closings, product information and contest or premium award information).

- (b) ☐ We do not provide to or inform our salespeople of any sales information or literature as described in Question 19(a).

20. (a) ☐ Attached and marked **Exhibit 4** is a copy of all written material we send any prospective or actual purchaser.

- (b) ☐ We do not send any written material to any prospective or actual purchaser.

21.

- ☐ If you or your salespeople represent or imply to prospective or actual purchasers that the purchaser will receive certain specific items as **gifts, premiums, bonuses, prizes, or by other terms of similar meaning**, or one or more items from among designated items, or a certificate of any type which the purchaser must redeem to obtain the item described in the certificate (**see General Instructions Number B3**) please identify:

◆ Item Offered: _____

Price or Value of Worth: \$ _____

Basis for Valuation: _____

Price We Paid: \$ _____

◆ Item Offered: _____

Price or Value of Worth: \$ _____

Basis for Valuation: _____

Price We Paid: \$ _____

◆ Item Offered: _____

Price or Value of Worth: \$ _____

Basis for Valuation: _____

Price We Paid: \$ _____

◆ Item Offered: _____

Price or Value of Worth: \$ _____

Basis for Valuation: _____

Price We Paid: \$ _____

22. (a) ☐ A purchaser does not actually receive all of the items described in Question 21:
- (1) We decide which item or items a particular prospective purchaser is to receive in the following manner:
- _____
- _____
- (2) The odds a single prospective purchaser has of receiving each described item are (see General Instructions Number B4):
- _____
- (3) The name and address of each recipient who has during the preceding 12 months (or if you have not been in business that long, during the period you have been in business) received the item having the greatest value and the item with the smallest odds of being received is (see General Instructions Number B5):
- _____
- _____
- (b) ☐ a purchaser receives all of the items described in Question 21.
23. ☐ Attached and marked as **Exhibit 5** is a copy of all rules, regulations, terms and conditions a prospective purchaser must meet in order to receive the item(s) described in answer to Question 21.
24. ☐ Attached as **Exhibit 6** is an irrevocable consent appointing the Attorney General to act as my attorney to receive service of any lawful process in any noncriminal suit, action, or proceeding against me or my successor, executor, or administrator, which may arise under the provisions of the Idaho Telephone Solicitation Act.
25. ☐ Attached as **Exhibit 7** is the name of the financial institution and account number for each of our demand accounts, checking accounts, and merchant accounts used for the deposit of any credit card charge slips. *Please note: You need to provide financial institution information only for those accounts used to process sales made in Idaho.*

PURSUANT TO THE PROVISION OF IDAPA 04.02.02.031, I/WE DECLARE UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED IN ANSWER TO QUESTIONS 1 - 25, AND IN THE EXHIBITS ATTACHED HERETO, IS TRUE AND CORRECT.

(All principals of the telephone solicitor must sign and date this verification.)

(Signature) Dated ____/____/____

(Name Typed or Printed) Signed at: _____
(City and State)

(Signature) Dated ____/____/____

(Name Typed or Printed) Signed at: _____
(City and State)

(Signature) Dated ____/____/____

(Name Typed or Printed) Signed at: _____
(City and State)

(Signature) Dated ____/____/____

(Name Typed or Printed) Signed at: _____
(City and State)

STATE OF _____)
_____)
County of _____)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 200__.

Notary Public for the State of _____
Residing at: _____
My Commission Expires: _____

EXHIBIT 6

**TO THE CONSUMER PROTECTION UNIT OF THE
OFFICE OF THE ATTORNEY GENERAL**

THE STATE OF IDAHO

IRREVOCABLE CONSENT TO SERVICE OF PROCESS

TELEPHONE SOLICITOR

Name of Telephone Solicitor: _____

Type of Entity: _____

This consent is filed with the Consumer Protection Unit of the Office of the Attorney General for the state of Idaho pursuant to Idaho Code Section 48-1004(1)(b) as required of telephone solicitors.

The above identified telephone solicitor hereby irrevocably appoints the Idaho Attorney General or his/her successor in office as attorney to receive service of any lawful process in any noncriminal suit, action, or proceeding against the telephone solicitor, or the telephone solicitor's successor, executor or administrator, which may arise under the Idaho Telephone Solicitation Act or regulations promulgated thereunder.

When such service of process is made upon the Office of the Attorney General, it shall have the same force and validity as if served personally on the telephone solicitor. Pursuant to Idaho Code Section 48-1006(3)(d), a notice of such service and a copy of the process is to be mailed by the plaintiff in such action to the address set forth in answer to Question 10(c) of the telephone solicitor's registration form, or if none, in answer to Question 10(a), unless an address is set forth here:

(Street Address or Post Office Box)

(City, State and Zip Code)

(Signature) Dated: ____/____/____

(Name Typed or Printed)

(Title)

EXHIBIT 7
TELEPHONE SOLICITOR'S
FINANCIAL INSTITUTION ACCOUNTS

FINANCIAL INSTITUTION NAME AND ADDRESS	TYPE OF ACCOUNT	ACCOUNT NUMBER
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